

Little Rock Office Adds New Staff



Andy Hendricks and Mike Reep.

Andy W. Hendricks joined the ASCC staff in late summer. He has assumed the position of Agency Fiscal Officer. In this role, he is responsible for overseeing all fiscal and personnel activities of the

Commission, including purchasing and payroll, as well as accounting, budget management and inventory. He has spent the past four months in training, learning the state accounting and payroll systems. Andy holds a bachelors degree in business management and finance from University of Arkansas Little Rock and brings a wealth of work experiences, including a long tenure with Alltel. "We were very lucky to find someone with Andy's strong experience and good nature to fill this essential position," said Executive Director Cheryl Vines.

Andy, his wife Julia and son Anton live in Cammack Village with their cat Grayson. In his free time Andy

enjoys sports cars, music, caving and fix-it projects around his home.

Mike Reep assumed the vacant Case Manager's position in the Little Rock office in October. For the past two months he has been busy receiving his training and orientation. Mike's caseload covers the Maumelle area, Saline, Perry and Conway counties. Mike is a graduate of Henderson State University with a degree in Social Work. Prior to his employment with ASCC, Mike spent twenty-two years working at Timber Ridge Ranch, a rehabilitation facility for individuals with traumatic brain injuries as a
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Scholarships Available

The Governor's Commission on People with Disabilities scholarship applications are now available. The Arkansas Governor's Commission on People with Disabilities is dedicated to enhancing the quality of life for individuals with disabilities by promoting advocacy, educating, and creating independence and celebrating all of life. One of their key programs is their college scholarship program. These scholarships are funded, in part, from handicapped parking fines.

Scholarship applications for 2009 are due on February 28, 2009 and the scholarships will be awarded in late spring. Any Arkansan with a disability who is attending or planning to attend college may apply. According to Commission Executive Director Leonard Boyle, applications went out to high school counselors and college disability services offices in early December. Applications are also available on the ASCC website and the Governor's website. For additional information, contact Mr. Boyle at **501-296-1637**.

In addition, the Spina Bifida Support Group of Arkansas (SBSGA) has announced 2009 scholarships. SBSGA, in cooperation with the Central Arkansas Corvette Club, will offer five \$1,000 scholarships. Applicants must have spina bifida and be pursuing college or other educational or vocational training. Deadline for applications is April 1, 2009. Contact the SBSGA at **501-978-7222** for applications and additional information.

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SPINAL COURIER

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ASCC accepts tax-deductible donations. Contributions are used to assist our clients through purchases of equipment and educational resources.

To make a contribution, please contact ASCC at **501-296-1788** / **1-800-459-1517** (voice) / **501-296-1794** (TDD), or send your donation to:

AR Spinal Cord Commission
1501 N. University, Suite 470
Little Rock, AR 72207

From the Director

Happy New Year! Can you believe it is 2009? It does not seem possible we are already a decade into the new millennium! It seems it was just 1999 and we were worried if our computers would work in the year 2000!

But here we are in 2009, worrying about a lot of other things. The economy, job losses, cuts in services and the high cost of healthcare. Today's concerns seem to cut a swath across America, with no one left untouched. We all have friends or family members who have lost jobs, have bank accounts that are dwindling and face those ever increasing health costs. The uncertainty concerns us—actually, it downright scares me!

Despite our hopes for a quick economic recovery and replacement of the funding for services that ASCC lost to budget cuts last year, things are moving slowly. Governor Beebe is a great leader and continues to be very cautious with our state's funds. While other states are in crisis, our state is preserving services and jobs, maybe less than expected or than we would like, but better than most states. Our Commission continues to try to do more with less as we move into 2009. We are attempting to optimize every state and federal dollar we have to help you live as independently as you can. Times will get better and we will be able to get back to our full array of services.

In the meantime, thanks for your understanding and your support of our Case Managers and their work. If you need something, please call us and we will do everything we can to help you. If you can wait for help, we appreciate it.

We're all in this together – our computers did come on after the big Y2K scare and I have confidence that this crisis too will pass.

Enjoy the New Year! Get out and get some exercise! It will make you feel better!

Cheryl L. Vines

Wensday's Flying High!

For a twelve-year-old Dover, Arkansas, Middle School student who uses a wheelchair for mobility, Wensday has certainly been on the go.

Wensday was one of several kids to appear on a special edition of "Nick News with Linda Ellerbee: The View from my Chair," which aired on Nickelodeon in November. She and three other kids with spina bifida also had the opportunity to fly in a specially modified zero gravity plane used to train astronauts to adapt to the weightlessness of space.

During the flight, while weightless, Wensday stood for the first time in her life.

Since her appearance on Nickelodeon, Wensday has been interviewed and photographed for several feature stories that appeared in newspapers and aired on TV stations across the state.

Congratulations Wensday!

Now that you have your wings, keep on flyin'!

Rolling Home Project Complete

The Arkansas Spinal Cord Commission partnered with the Arkansas Spinal Cord Foundation, the Christopher and Dana Reeve Paralysis Foundation and the Craig H. Nielsen Foundation to establish the Rolling Home Project. This project provided grants to 12 individuals, newly injured in 2008 to assist them with home modifications and ramping. These grants allowed individuals to use the funds for a variety of home modifications.

The twelve recipients varied in age from 17 to 68 and lived around the state from Fayetteville to Waldo and Jonesboro to DeWitt. "We were so excited to get this grant," said ASCC Executive Director Cheryl Vines, "especially with this year's budget cuts. It was a godsend to allow us to help more clients make their homes accessible. It is so important for newly injured individuals to have access to their own homes. It can make all the difference in their lives." The grant ended on December 31, 2008, but ASCC staff have begun applying for additional grants to fund future projects.

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Program Case Manager. "His clinical and discharge planning experience will be a great asset to our agency," stated Client Services Administrator, Patti Rogers.

Mike, his wife Stephanie, son Chandler and daughter Savannah live in the Alexander area. Mike loves to spend time jogging, fishing, hunting, hiking and riding 4-wheelers. He also does a lot of woodworking and recently finished building an entertainment center.

Please join us in welcoming Andy and Mike to the ASCC staff.



Before: Caneen Clark's Fort Smith home with its wheelchair inaccessible front entrance.



After: Now Caneen can enter his home on his new Rolling Home ramp.

New Name, Same Services

The Spina Bifida Support Group of Arkansas (SBSGA) was registered as a not-for-profit organization with the Arkansas Secretary of State in November. This is the most recent change in the name of a group of parents and advocates who started the Myelomeningocele Support Group of Arkansas in 1972. While the name may change, the purpose of the organization, to help Arkansans with spinal bifida and their families, has not.

The group has spent nearly forty years assisting families in accessing medical care, therapy, educational and recreational opportunities, and other services for their children, as well as providing information to the general public on spina bifida, the most frequently occurring birth defect in America.

Long known as the Spina Bifida Association of Arkansas, an affiliate of the Spina Bifida Association of America (SBAA), changes in the SBAA charter in 2008 necessitated the name change.

"Only our name has changed," noted SBSGA President James Rucker, "everything else, our family support, educational programs, scholarships, information packets for newborns, Christmas party and support of programs like Spina Bifida Camp and the Junior Rollin Razorbacks remains the same."

For more information about SBSGA, contact **501-978-722** or P.O. Box 335, Scott, AR 72142.

Diabetes and Spinal Cord Injury

By Jerome Stenehjem, M.D.

People with spinal cord disorders are more prone than most to developing type 2 diabetes. But the condition can be managed and even reversed with diet, exercise and medications.

“You are diabetic.” No one wants to hear these words and when they do, they are likely to be in shock or disbelief. “Sure, I’m in a wheelchair, overweight and I don’t get much exercise, but nobody in my family has diabetes,” may be a typical response.

Surprisingly, genetics plays only a limited role in the development of type 2 diabetes. Diabetes now afflicts almost 1 in 10 Americans and a recent study showed that 2 in 10 spinal cord injured veterans are diabetic.

Diabetes mellitus is characterized by elevated blood glucose levels that are due to an inability of the pancreas to produce adequate amounts of insulin. Type 1, or insulin dependent diabetes, often occurs in adolescence and results in a complete failure of the pancreas to produce insulin. Type 2 diabetes, formerly called “adult onset diabetes,” usually occurs later in life and is characterized by inadequate insulin production that can often be treated with oral medications or lifestyle changes. But oftentimes, type 2 diabetes progresses to the point that insulin injections are required.

At Risk

The risk of developing diabetes is increased if you are sedentary or obese, which are more common among persons with spinal cord injury. Obesity, especially abdominal fat, is closely correlated with type 2 diabetes because fat cells tend to nullify the effects of insulin, resulting in a condition called insulin resistance. With insulin resistance the pancreas works overtime to

produce lots of insulin but glucose levels remain high. Eventually the pancreas fails and insulin production falls to extremely low levels. Now the individual may be in a diabetic crisis that can only be treated with insulin injections.

In addition to being sedentary or obese, the other risk factors for type 2 diabetes include older age, ethnicity, a history of gestational (pregnancy) diabetes, and rarer forms of impaired glucose metabolism. Unfortunately, paraplegics and quadriplegics tend to carry more abdominal fat than able-bodied individuals of equal waist circumference. Thus, body weight and waist circumference tend to underestimate the risk for development of type 2 diabetes in persons with spinal cord injury.

Do You Have Diabetes?

It is possible to have diabetes (or pre-diabetes) and not know it. The American Diabetes Association estimates that one third of individuals with diabetes have not been diagnosed. This is because the early signs and symptoms of diabetes are subtle and may go unnoticed for years. The classic symptoms of diabetes include excess thirst, hunger, and urination. There are two different tests that can be used to determine whether you have diabetes: the fasting plasma glucose (FPG) test or the oral glucose tolerance test (OGTT). When FPG is 126 or greater or the OGTT (at 2 hours) is 200 or greater a diagnosis of diabetes is made. However, an FPG of 110-126 is diagnostic of a pre-diabetic condition.

Although the immediate effects of

mildly elevated blood glucose may be minimal, the long-term effects can be devastating. The risk of heart disease and stroke are 2 to 4 times greater in diabetics. High blood pressure is present in three-fourth of individuals with diabetes. Diabetes is the leading cause of blindness in individuals aged 20 to 74 years. It is also the leading cause of kidney failure leading to the need for chronic dialysis. Nervous system disease is seen in 60 to 70% of people with diabetes. More than 60% of non traumatic lower-limb amputations occur in people with diabetes. The damage caused by elevated blood glucose levels may progress at such a barely visible rate as to be unrecognized until the damage has become irreversible.

The treatment options for type 2 diabetes include dietary modification, exercise, weight loss, oral medications and injectable medications. The goal of diabetic treatment is to control blood glucose levels. The fastest way to achieve control in the newly diagnosed diabetic is to initiate a medication regimen. Most of the oral medications control blood glucose levels by increasing the ability of the pancreas to produce insulin or by making target tissues more sensitive to insulin (reducing insulin resistance). The effect can be immediate and dramatic. Unfortunately, many newly diagnosed diabetics may see medications as a miraculous cure and their interest in pursuing lifestyle changes dissipates. But, as the underlying factors that cause type 2 diabetes progresses, so does the severity of the disease leading to the need for injectable insulin.

Many doctors consider the lowering of Fasting Plasma Glucose (FPG) alone an adequate goal. However, the concept of controlling blood glucose at all times has been gaining popularity. This is because the marked elevations in blood glucose that occur after eating can be more damaging than

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Diabetes

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the elevated fasting plasma glucose levels. High blood glucose levels cause oxidative stress that damage blood vessels and other sensitive tissues. Many doctors and scientists also believe that elevated FPG is also a relatively late diagnostic finding. The oral glucose tolerance test (OGTT), however, can provide more data when incremental blood glucose and insulin levels are drawn which can diagnose early or prediabetic conditions.

Controlling (or reversing) the Disease

The primary lifestyle changes that control or reverse diabetes are diet and exercise leading to weight loss. In addition to restricting calories, dietary modification should focus on controlling blood glucose levels. Avoiding sweets is a common theme in diabetic diets, but many carbohydrates raise blood glucose levels more than table sugar (when comparing calorie for calorie).

The glycemic index (GI) is a useful tool for comparing the blood glucose raising effect of different carbohydrates. The glycemic index of glucose is assigned a value of 100. The blood glucose raising effect of other carbohydrates have been measured and compared to glucose. Instant mashed potatoes have a GI of 85 and the GI of table sugar is 68. This means that when equal calories are consumed, the mashed potatoes will raise blood glucose levels more than table sugar. Black beans have a GI of only 30, which clearly has much lower propensity for raising blood glucose levels compared with table sugar or mashed potatoes. Glycemic index is a dietary tool for controlling blood glucose levels and the need for insulin that can also help with weight loss.

Exercise reduces the risk of developing type 2 diabetes. It is beneficial for people with diabetes as it reduces insulin resistance, and also helps with weight reduction and



Everyone Likes a Picnic!

The White County Spinal Cord Injury Support Group held a potluck to kick off the holiday season on Tuesday, Nov. 4th at Judsonia's Friendly Acres Park Pavilion. Everyone enjoyed visiting and eating barbeque provided by Alliance Homecare. The weather was perfect—a day with blue skies and temps in the high 70's.

The support group meets the first Tuesday monthly at the White County Medical Center, Hubach Conference Center, Room A. All clients in the area are invited to join them. Call ASCC Case Manager Dee Welsh at **1-800-459-1517** for more information.

weight control. Exercise also helps regulate mood so that unhealthy food cravings and binge eating are reduced.

Medication remains the mainstay of diabetic management. All medications, especially those for diabetes should be taken under the close supervision of your physician. Oral diabetic medications, when combined with dietary modification and exercise can slow or prevent the need to progress to the use of insulin. Exenatide (marketed as Byetta) is a newer injectable medication derived from the saliva of the Gila monster lizard that not only regulates blood glucose levels but can also lead to weight loss.

Advisement

If you are a person with paraplegia, quadriplegia or you have some other chronic disabling condition and are concerned that you may

have diabetes or pre-diabetes, then it's highly recommended you see your doctor. If testing shows that you are pre-diabetic or diabetic then follow your physician's instructions and remember that dietary modification and exercise leading to weight loss can be enough to prevent diabetes or reverse pre-diabetes and early diabetes.

Jerome Stenehjelm, M.D., is Medical Director of the Sharp Rehabilitation Center in San Diego, California.

This article was reprinted with permission from United Spinal Association and Action Magazine, July/August 2008 issue, page 18-19.

Up Close and Personal: Joe McNiel

This is the second in a series of articles profiling the ASCC Commissioners.



Governor Mike Huckabee appointed Joe McNiel to the Commission in September 2000 to complete an unexpired term through January 2009. Joe is presently Commission Chairman, a role he has held for four of his eight years on the Commission.

In June 1986 at age 27, Joe sustained a T12 spinal cord injury while installing his own mobile home—it slipped off the blocks and pinned him under it. At the time, he was married with three children and a supervisor at a local chemical plant. While he never returned to the plant, Joe has followed many other vocational pursuits. He is the owner of Powers Fitness Center in Hope, Arkansas and works there as a certified personal trainer. He is well known as a wheelchair road racer, running marathons and shorter distance races around Arkansas, the US and the world.

Asked why he chose to get involved with ASCC, Joe said, “At first I just went through the motions, but in the last three years, I’ve gotten more involved and motivated, by seeing the changes we have made in people’s lives. I like to be part of reshaping things, making them better.”

Executive Director Cheryl Vines echoes Joe’s comments, “Joe brings

leadership and some levity to our meetings, he wants to get things done. Joe led a revision of our long term attendant care program last year and this year he and I took a listening tour, visiting ASCC staff around the state. He is very open

to new ideas and how we can make things better.”

The Commission is pleased to have our own ‘Man from Hope’ working to make life better for Arkansans with spinal cord disabilities.

PROFILE:

Date And Place Of Birth: May 15, 1959, in Hope, AR.

Family Members: The youngest of five children, Joe has three children, Zac, 27, Kacey, 26 and Eric, 24.

If I Did Not Live In Arkansas, I Would Want To Be: In Florida—some place warm.

My Favorite Meal Is: Steak, baked potato and salad.

My Favorite Movie Is: Big with Tom Hanks.

My Favorite Song Is: There are many but right now my favorite is Fergie’s *Big Girls Don’t Cry*.

Last Good Book I Read: *Backboard Magic*.

My Favorite Hobbies Are: I’m a sports enthusiast, I love racing, music and play a lot of poker.

The Best Advice I Ever Received Was: A friend told me, “The only way to have happiness is to be true to your heart.”

One Thing People Would Find Surprising About Me Is: I’ve raced in 28 marathons, including one in Japan and hold all of the Arkansas distance records in the wheelchair division.

My Advice to the Newly Injured: Don’t let it overwhelm you, give it time before you condemn it. After rehab you realize that the life changes aren’t as big as you thought. You can do the same things, just a different way. The disability issue becomes moot.

I Knew I Was Grown Up When: I had my first son at 22.

The One Thing I Always Wanted To Do But Have Never Had The Chance Was: Run the Midnight Sun Marathon in Alaska – 367 miles, 9 days – I still plan to do it!

One Word To Sum Me Up: Honest.

Lacy Gets Her Deer with Help from Friends

By Toney LeQuieu

In November, I had the honor of assisting with a hunt for the mobility-impaired in Clarksville, Arkansas. The event hosted five hunters, two were first-time participants in a hunt designed specifically for individuals with mobility impairments. This article highlights the story of one of the individuals.

All of the hunters met on Friday evening for a meal. As participants and volunteers were exchanging pleasantries, a young lady came through the door with a smile from ear to ear. Her name was Lacey. Just being in her presence put a smile on your face without even knowing it. Although she had been hunting in the past with her family, this was her first hunt with the US Army Corps of Engineers mobility impaired hunting program.

The next day after breakfast we arrived at the hunt site in the early morning hours. This ensured the hunters were in the stand before first light. Lacey was beaming with excitement and expressed high expectations for the next two days. Lacey was selected to hunt from a Huntmaster Lift Stand that the Arkansas Game and Fish Foundation had loaned the US Army Corps of Engineers specifically for this event. The first morning was slow. She saw several deer; however, none of them presented a shot. All of the hunters met back at the hotel for the noon meal. Most of the hunters had seen deer, but there were limited opportunities for harvest.

Expectations remained high as the hunters returned to the stand for the evening hunt, although signs of an extremely long day began to show. All of the volunteers were



Lacey Criswell with her deer that she harvested in November 2008.

waiting in the holding area, hoping to hear the hunters take a shot. Everyone wanted each hunter to successfully harvest a deer, but the success of the hunt does not depend on harvesting an animal. I have been told numerous times that the fellowship between the hunters and the volunteers is just as important, if not more so, than harvesting an animal.

The evening sun was sinking fast. We were still anxious to hear the echo of a shot. Then, as dusk was approaching, we finally heard the echo ring from the trees. We were all discussing the direction from which the shot was heard and who was currently hunting that stand. Before a conclusion could be made, a very excited voice was heard over the radio, "I got a deer!" We all knew who it was. Smiles crossed the faces of everyone who could hear the radio. We explained to Lacey that we would come to her stand to pick her up, along with her

deer. While the volunteers were preparing for their departure, Lacey had a buck step out and presented her with a shot that she could not pass up. Yes, she harvested a second deer. The first was a doe; the second was her very first buck. Once we had collected her deer and delivered Lacey to the waiting area, her smile lit up the night.

Congratulations to Lacey and thank you for making this hunt so enjoyable. Lacey not only demonstrates how one with physical disabilities may continue successful participation in chosen activities, but she also reminds us the importance of organizations and volunteers that make such events possible.

Toney LeQuieu is an ASCC Case Manager in the Russellville office who has served as a volunteer on a variety of hunts over the last thirteen years.

New ASCC Website Now Online

The Arkansas Spinal Cord Commission's website has been redesigned and is now ready for online visitors.

The new site features easily accessed pull-down menus and a consistent page layout through out. The first page of the site contains ASCC-related announcements, upcoming events and deadlines, as well as, direct links to frequently accessed material.

All issues of the *Spinal Courier* can be downloaded from the site as well as all Fact Sheets. You may visit the website at www.spinalcord.ar.gov.



The Squeaky Wheel

The squeaky wheel . . . gets the grease! This column is about grease—things that make life for persons with spinal cord disability go smoother and ease your way in the world. “Things” can be hints, equipment adaptations, innovations, tricks-of-the-trade, procedural shortcuts, life experiences, or things you “should have done but didn’t.”

Kristie Soto of Wynne, AR tells us of a new device called the WheelFlex Resistance Exercise System which may be just the thing you need to start an exercise routine.

I ran across a product called the Wheelflex Resistance Exercise System while I was searching for some exercise equipment options. I have not had the opportunity to try Wheelflex for myself, but I have spoken with several people who were favorably impressed with it’s function.

I just thought I would pass this information (*see flier*) along in case the readers of the *Spinal Courier* may have friends or clients who

would be interested in such a product.

Editor’s note: Kristie’s attached flier showed that the Wheelflex Resistance Exercise System is a set of two units that attach to a manual wheelchair’s push rims allowing the user to exercise while seated. The user pulls a line from the device with cushioned handgrips. The resistance (on the line) of each unit can be set from 3 to 75 pounds. According to WheelFlex, Inc., 24

resistance-training exercises can be performed for the upper and lower body. A set of two units retails for \$995.00.

A spokesman for WheelFlex stated that other models were being designed with universal clamps for electric wheelchairs and hospital bed rails. They are also working on a model that attaches to walls. The units can be seen at WheelFlex’s website **wheelflexinc.com** or you may call them at **1-724-787-2720**.

We invite you to send in your helpful hint—your bit of “grease.” Contact your ASCC Case Manager, write us at *Spinal Courier*, Arkansas Spinal Cord Commission, 1501 N. University, Suite 400, Little Rock, AR 72207 or e-mail us at **courier@arspinalcord.org** and put “Squeaky Wheel” in the subject line.

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